

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 1025 CONNECTICUT AVENUE, N.W.
SUIE 1104
 Check if different than previously reported. (ACC)
WASHINGTON DC 20036

2. **FEC IDENTIFICATION NUMBER** C00325936
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the: Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the: General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 01 01 2010 through 01 31 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Dr. Sidney Levitsky

Signature of Treasurer Electronically Filed by Dr. Sidney Levitsky Date 02 10 2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		103352.22
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	103352.22									
(c) Total Receipts (from Line 19)	55820.00	55820.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	159172.22	159172.22								
7. Total Disbursements (from Line 31)	10653.42	10653.42								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	148518.80	148518.80								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	54650.00	54650.00
(ii) Unitemized	1170.00	1170.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	55820.00	55820.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	55820.00	55820.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	55820.00	55820.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	55820.00	55820.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1153.42	1153.42
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1153.42	1153.42
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	9500.00	9500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	10653.42	10653.42
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10653.42	10653.42

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	55820.00	55820.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	55820.00	55820.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1153.42	1153.42
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1153.42	1153.42

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 34
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Dr. Kevin D. Accola

Mailing Address 217 Hillcrest Street

City State Zip Code
Orlando FL 32801

FEC ID number of contributing federal political committee. **C**

Name of Employer CV Surgeons Occupation Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	5	/	2	0	1	0

Transaction ID: SA11AI.9616
 Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Dr. Mark S. Allen

Mailing Address 2380 Hardwood Court, Southwest

City State Zip Code
Rochester MN 55902

FEC ID number of contributing federal political committee. **C**

Name of Employer Mayo Foundation Occupation Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	4	/	2	0	1	0

Transaction ID: SA11AI.9599
 Amount of Each Receipt this Period
 365.00

C. Full Name (Last, First, Middle Initial)
Dr. Richard C. Anderson

Mailing Address 26 Waldheim Road

City State Zip Code
Morton IL 61550

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Illinois Occupation Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	5	/	2	0	1	0

Transaction ID: SA11AI.9617
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional) ► **1865.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 34
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Dr. Thomas M. Beaver

Mailing Address 9605 Southwest 33rd Lane

City State Zip Code
Gainesville FL 32608

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Florida Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
01 / 25 / 2010

Transaction ID: SA11AI.9618

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. B. Eugene Berry

Mailing Address 2717 East Lakeshore Drive

City State Zip Code
Baton Rouge LA 70808

FEC ID number of contributing federal political committee. **C**

Name of Employer CVT Surgical Center Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
01 / 20 / 2010

Transaction ID: SA11AI.9593

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Dr. Shanda H. Blackmon

Mailing Address 3741 Robinhood Street

City State Zip Code
Houston TX 77005

FEC ID number of contributing federal political committee. **C**

Name of Employer The Methodist Hospital Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
01 / 24 / 2010

Transaction ID: SA11AI.9611

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **2000.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 34
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Dr. Mary J. Boylan

Mailing Address 1201 Denney Drive

City State Zip Code
Duluth MN 55805

FEC ID number of contributing federal political committee. **C**

Name of Employer St. Luke's CTS Associates Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 20 / 2010

Transaction ID: SA11AI.9594

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Dr. John H. Calhoun

Mailing Address 7703 Floyd Curl Drive

City State Zip Code
San Antonio TX 78229

FEC ID number of contributing federal political committee. **C**

Name of Employer UT Health Science Center Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 25 / 2010

Transaction ID: SA11AI.9620

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Dr. Andrea J. Carpenter

Mailing Address 29030 Cloud Croft Lane

City State Zip Code
San Antonio TX 78015

FEC ID number of contributing federal political committee. **C**

Name of Employer UT Health Science Center Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 25 / 2010

Transaction ID: SA11AI.9621

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 2500.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 34
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Dr. Robert J. Cerfolio

Mailing Address 703 19th Street

City Birmingham State AL Zip Code 35294

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Alabama Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 01 / 25 / 2010

Transaction ID: SA11AI.9622

Amount of Each Receipt this Period 2000.00

B. Full Name (Last, First, Middle Initial)
Dr. Joseph C. Cleveland

Mailing Address 9176 East Wesley Avenue

City Denver State CO Zip Code 80231

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Colorado Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 25 / 2010

Transaction ID: SA11AI.9623

Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Dr. John V. Conte

Mailing Address 2903 Mount Snow Court

City Ellicott City State MD Zip Code 21042

FEC ID number of contributing federal political committee. **C**

Name of Employer Johns Hopkins University Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 25 / 2010

Transaction ID: SA11AI.9624

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ▶ 3500.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 34

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Dr. L. Scott Cook		Date of Receipt	
	Mailing Address 2314 County Road		M M / D D / Y Y Y Y Y 0 1 / 2 0 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.9595
	Sidney	IL	61877	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer Carle Clinic		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		500.00		

B.	Full Name (Last, First, Middle Initial) Dr. J. Michael Duncan		Date of Receipt	
	Mailing Address 3038 Bonnebridge Way Boulevard		M M / D D / Y Y Y Y Y 0 1 / 2 0 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.9596
	Houston	TX	77082	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer Texas Heart Institute		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		500.00		

C.	Full Name (Last, First, Middle Initial) Dr. L. Henry Edmunds		Date of Receipt	
	Mailing Address 130 North Roberts Road		M M / D D / Y Y Y Y Y 0 1 / 2 5 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.9627
	Bryn Mawr	PA	19010	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer University of Pennsylvania		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		500.00		

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Dr. Melanie Edwards		Date of Receipt
	Mailing Address 330 Julia Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 1 / 2 5 / 2 0 1 0
	City	State	Zip Code
	New Orleans	LA	70130
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9625
Name of Employer Louisiana State University		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

B.	Full Name (Last, First, Middle Initial) Dr. Richard H. Feins		Date of Receipt
	Mailing Address 10424 Stone		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 1 / 2 5 / 2 0 1 0
	City	State	Zip Code
	Chapel Hill	NC	27517
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9628
Name of Employer University of North Carolina		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

C.	Full Name (Last, First, Middle Initial) Dr. T. Bruce Ferguson, Jr.		Date of Receipt
	Mailing Address 8833 Marnier Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 1 / 2 5 / 2 0 1 0
	City	State	Zip Code
	Raleigh	NC	27615
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9597
Name of Employer East Carolina University		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1000.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 34
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Dr. Richard K. Freeman

Mailing Address 11685 Bradford Place

City State Zip Code
Carmel IN 40633

FEC ID number of contributing federal political committee. **C**

Name of Employer Corvasc Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
01 / 25 / 2010

Transaction ID: SA11AI.9629

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Dr. David A. Fullerton

Mailing Address 375 Lafayette Street

City State Zip Code
Denver CO 80218

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Colorado Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
01 / 26 / 2010

Transaction ID: SA11AI.9676

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. Anthony P. Furnary

Mailing Address 7266 Southwest Eton Court

City State Zip Code
Portland OR 97225

FEC ID number of contributing federal political committee. **C**

Name of Employer Starr-Wood Cardiac Group Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
01 / 25 / 2010

Transaction ID: SA11AI.9630

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 2500.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 34

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Dr. Brent A. Grishkin

Mailing Address 8918 Hemingway Grove Circle

City State Zip Code
Knoxville TN 37922

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Parkwest Heart & Lung Surgeons Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.9677

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Dr. Frederick L. Grover

Mailing Address 3000 East Cedar Avenue

City State Zip Code
Denver CO 80209

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
University of Colorado Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 4 / 2 0 1 0

Transaction ID: SA11AI.9614

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Dr. Robert A. Guyton

Mailing Address 3286 Northside Parkway

City State Zip Code
Atlanta GA 30327

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Emory University Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 4 / 2 0 1 0

Transaction ID: SA11AI.9606

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 34
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Dr. John W. Hammon

Mailing Address 1001 Dalton Road

City State Zip Code
Lewisville NC 27023

FEC ID number of contributing federal political committee. **C**

Name of Employer Wake Forest University Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
01 / 25 / 2010

Transaction ID: SA11AI.9631

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Dr. John L. Harlan

Mailing Address 48 Medical Park East Drive

City State Zip Code
Birmingham AL 35235

FEC ID number of contributing federal political committee. **C**

Name of Employer CT Surgeons Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
01 / 26 / 2010

Transaction ID: SA11AI.9678

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Dr. George L. Hicks

Mailing Address 601 Elmwood Hill Lane

City State Zip Code
Rochester NY 14642

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Rochester Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
01 / 25 / 2010

Transaction ID: SA11AI.9632

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **2000.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 34
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Dr. Robert S.D. Higgins

Mailing Address 1030 Pontiac Road

City Wilmette State IL Zip Code 60091

FEC ID number of contributing federal political committee. **C**

Name of Employer: Rush University Medical Center
Occupation: Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt: 01 / 25 / 2010
Transaction ID: SA11AI.9633
 Amount of Each Receipt this Period: 365.00

B. Full Name (Last, First, Middle Initial)
Dr. Gary Hochheiser

Mailing Address 16 McIntosh Drive

City Wilbraham State MA Zip Code 01095

FEC ID number of contributing federal political committee. **C**

Name of Employer: Baystate Thoracic Surgery
Occupation: Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 01 / 26 / 2010
Transaction ID: SA11AI.9679
 Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Dr. Anthony A. Holden

Mailing Address 3560 Autumn Wood Lane

City Okemos State MI Zip Code 48864

FEC ID number of contributing federal political committee. **C**

Name of Employer: Self
Occupation: Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt: 01 / 25 / 2010
Transaction ID: SA11AI.9635
 Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) ► 980.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 34
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Dr. Keith A. Horvath		Date of Receipt	
	Mailing Address 4622 Charleston Terrace, NW		M M / D D / Y Y Y Y Y 0 1 / 2 4 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.9615
	Washington	DC	20007	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		1000.00	
Name of Employer Suburban Hospital		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

B.	Full Name (Last, First, Middle Initial) Dr. John A. Howington		Date of Receipt	
	Mailing Address 579 Hill Terrace		M M / D D / Y Y Y Y Y 0 1 / 2 5 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.9636
	Winnetka	IL	60093	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		365.00	
Name of Employer Northshore University Medical		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00		

C.	Full Name (Last, First, Middle Initial) Dr. R. Kent Jex		Date of Receipt	
	Mailing Address 7440 South 9st Street		M M / D D / Y Y Y Y Y 0 1 / 2 5 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.9637
	Lincoln	NE	68526	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		2500.00	
Name of Employer Nebraska Heart Institute		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2500.00		

SUBTOTAL of Receipts This Page (optional)	3865.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 34

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Dr. Thomas K. Kalmbach

Mailing Address 2301 Manchester Drive

City State Zip Code
Valparaiso IN 46385

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Lake Porter Cardiovascular Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.9681

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Kirk R. Kanter

Mailing Address 1405 Clifton Road

City State Zip Code
Atlanta GA 30322

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Emory University Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 4 / 2 0 1 0

Transaction ID: SA11AI.9607

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Dr. John J. Kelemen

Mailing Address 2935 East Flint National Parkway

City State Zip Code
Andover KS 67002

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Selina Regional Health Center Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.9682

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 34

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Dr. Jeffrey B. Kramer

Mailing Address 5750 Ward Parkway

City State Zip Code
Kansas City KS 64113

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
University of Kansas Hospital Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.9640

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Dr. Stephen J. Lahey

Mailing Address 400 East 52nd Street

City State Zip Code
New York NY 10022

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Maimonides Medical Center Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.9641

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Dr. Raj B. Lal

Mailing Address 2809 Meyers Road

City State Zip Code
Oakbrook IL 60523

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Retired Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.9683

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 34

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Dr. Robert B. Lee		Date of Receipt MM / DD / YYYY 01 / 26 / 2010		
	Mailing Address 136 Devereaux Drive		Transaction ID: SA11AI.9684		
	City Madison	State MS	Zip Code 39110	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 500.00		
Name of Employer Self		Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Dr. Mitchell D. Lirtzman		Date of Receipt MM / DD / YYYY 01 / 26 / 2010		
	Mailing Address 121 Oakforest Drive		Transaction ID: SA11AI.9686		
	City Lafayette	State LA	Zip Code 70501	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 500.00		
Name of Employer CV Institute of the South		Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Dr. Thomas E. MacGillivray		Date of Receipt MM / DD / YYYY 01 / 24 / 2010		
	Mailing Address 112 Mount Vernon Street		Transaction ID: SA11AI.9608		
	City Boston	State MA	Zip Code 02108	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 365.00		
Name of Employer Massachusetts General Hospital		Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	1365.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 34
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Dr. Curtis C. Marder

Mailing Address 1279 Lakeshore Park Place

City State Zip Code
Marquette MI 49855

FEC ID number of contributing federal political committee. **C**

Name of Employer CV Associates Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	5	/	2	0	1	0

Transaction ID: SA11AI.9642

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
Dr. M. Blair Marshall

Mailing Address 5914 Chesterbrook Road

City State Zip Code
McLean VA 22101

FEC ID number of contributing federal political committee. **C**

Name of Employer Georgetown University Hos- pital Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	6	/	2	0	1	0

Transaction ID: SA11AI.9687

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. Douglas J. Mathisen

Mailing Address 60 Pine Street

City State Zip Code
Dover MA 02030

FEC ID number of contributing federal political committee. **C**

Name of Employer Massachusetts General Hos- pital Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	6	/	2	0	1	0

Transaction ID: SA11AI.9688

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional) ► **5865.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 34
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Dr. John E. Mayer, Jr.
Mailing Address 44 Skyline Drive

City Wellesley State MA Zip Code 02482

FEC ID number of contributing federal political committee. **C**

Name of Employer CHMC Cardiovascular Foundation Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 25 / 2010
Transaction ID: SA11AI.9598
Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
Dr. Frederick A. Meadors
Mailing Address 3 Sunset Drive

City Little Rock State AR Zip Code 72207

FEC ID number of contributing federal political committee. **C**

Name of Employer CV Surgeons, P.A. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 25 / 2010
Transaction ID: SA11AI.9645
Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
Dr. Walter H. Merrill
Mailing Address 22 Waterford Place

City Jackson State MS Zip Code 39211

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Mississippi Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 26 / 2010
Transaction ID: SA11AI.9689
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 3000.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 34
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Dr. Daniel L. Miller

Mailing Address 551 Gramercy Drive, Northeast

City State Zip Code
Marietta GA 30060

FEC ID number of contributing federal political committee. **C**

Name of Employer Emory University Health-care
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
01 / 26 / 2010

Transaction ID: SA11AI.9690

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Dr. Sina L. Moainie

Mailing Address 8433 Harcourt Road

City State Zip Code
Indianapolis IN 46260

FEC ID number of contributing federal political committee. **C**

Name of Employer Corvasc
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
MM / DD / YYYY
01 / 25 / 2010

Transaction ID: SA11AI.9646

Amount of Each Receipt this Period
365.00

C.

Full Name (Last, First, Middle Initial)
Dr. Keith S. Naunheim

Mailing Address 52 Middlesex Drive

City State Zip Code
St. Louis MO 63144

FEC ID number of contributing federal political committee. **C**

Name of Employer St. Louis University
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
01 / 25 / 2010

Transaction ID: SA11AI.9649

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1865.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 34

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Dr. Francis C. Nichols

Mailing Address 1034 Weatherhill Lane, SW

City State Zip Code
Rochester MN 55902

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Mayo Clinic Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.9650

Amount of Each Receipt this Period
365.00

B.

Full Name (Last, First, Middle Initial)
Dr. Mark B. Orringer

Mailing Address 1389 Towsley Lane

City State Zip Code
Ann Arbor MI 48105

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
University of Michigan Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.9691

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Dr. G. Alexander Patterson

Mailing Address 18 Southmoor Drive

City State Zip Code
Clayton MO 63105

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Washington University Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.9651

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)

1865.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 34

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Dr. Christian Pizarro

Mailing Address 24 Bullock Road

City State Zip Code
Chadds Ford PA 19317

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Alfred I. duPont Hospital Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.9591

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
Dr. Maurice Pockey

Mailing Address 8212 Turtle Creek Circle

City State Zip Code
Las Vegas NV 89113

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CV Surgery Associates Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.9692

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
Dr. Joe B. Putnam, Jr.

Mailing Address 515 Westview Avenue

City State Zip Code
Nashville TN 37205

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Vanderbilt University Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.9652

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 34
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Dr. Aidan A. Raney

Mailing Address 447 Old Newport Boulevard

City State Zip Code
Newport Beach CA 92663

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
01 / 25 / 2010

Transaction ID: SA11AI.9653

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Dr. V. Sreenath Reddy

Mailing Address 26 Three Lakes Drive

City State Zip Code
San Antonio TX 78248

FEC ID number of contributing federal political committee. **C**

Name of Employer UT Health Science Center Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
MM / DD / YYYY
01 / 25 / 2010

Transaction ID: SA11AI.9654

Amount of Each Receipt this Period
365.00

C.

Full Name (Last, First, Middle Initial)
Dr. Carolyn E. Reed

Mailing Address 39 Broughton Road

City State Zip Code
Charleston SC 29407

FEC ID number of contributing federal political committee. **C**

Name of Employer Medical University of SC Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
01 / 26 / 2010

Transaction ID: SA11AI.9694

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1865.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 34

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Dr. David C. Rice

Mailing Address 3206 Drummond Street

City State Zip Code
Houston TX 77025

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
University of Texas Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.9695

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
Dr. Jeffrey B. Rich

Mailing Address 1325 North Bay Shore Drive

City State Zip Code
Virginia Beach VA 23451

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Mid-Atlantic CT Surgeons Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.9697

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
Dr. Edward Y. Sako

Mailing Address 8760 Comanche Gap

City State Zip Code
San Antonio TX 78255

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
University of Texas Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.9588

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 34
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Dr. Christopher T. Salerno

Mailing Address 8433 Harcourt Road

City Indianapolis State IN Zip Code 46260

FEC ID number of contributing federal political committee. **C**

Name of Employer CorVasc Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 01 / 25 / 2010
Transaction ID: SA11AI.9655
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
Dr. James Scharff

Mailing Address 6821 Pershing Avenue

City St. Louis State MO Zip Code 63130

FEC ID number of contributing federal political committee. **C**

Name of Employer St. Luke's Hospital Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 01 / 26 / 2010
Transaction ID: SA11AI.9698
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Dr. John J. Schier

Mailing Address 12772 Devon Lane

City Carmel State IN Zip Code 46032

FEC ID number of contributing federal political committee. **C**

Name of Employer Corvasc Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 01 / 25 / 2010
Transaction ID: SA11AI.9656
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ► 2000.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 34
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Dr. Thomas A. Schwann

Mailing Address 4627 Brookside Road

City Toledo State OH Zip Code 43615

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Toledo Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 26 / 2010

Transaction ID: SA11AI.9700

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Dr. Richard J. Shemin

Mailing Address 321 El Camino Drive

City Beverly Hills State CA Zip Code 90212

FEC ID number of contributing federal political committee. **C**

Name of Employer UCLA Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 25 / 2010

Transaction ID: SA11AI.9657

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Dr. Peter K. Smith

Mailing Address 201 Ukiah Lane

City Chapel Hill State NC Zip Code 27514

FEC ID number of contributing federal political committee. **C**

Name of Employer Duke University Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 25 / 2010

Transaction ID: SA11AI.9658

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 3000.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 34
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Dr. Alan J. Spotnitz	Date of Receipt
	Mailing Address 125 Paterson Street	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 1 / 2 5 / 2 0 1 0
	City State Zip Code New Brunswick NJ 08901	Transaction ID: SA11AI.9659
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 250.00
	Name of Employer Occupation RWJ Medical School Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <input type="text"/> 250.00

B.	Full Name (Last, First, Middle Initial) Dr. Lars G. Svensson	Date of Receipt
	Mailing Address 7793 Brigham Road	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 1 / 2 5 / 2 0 1 0
	City State Zip Code Gates Mill OH 44040	Transaction ID: SA11AI.9660
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 365.00
	Name of Employer Occupation Cleveland Clinic Foundati- on Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <input type="text"/> 365.00

C.	Full Name (Last, First, Middle Initial) Dr. Edward D. Verrier	Date of Receipt
	Mailing Address 24120 Willowick Lane	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 1 / 2 6 / 2 0 1 0
	City State Zip Code Woodway WA 98120	Transaction ID: SA11AI.9701
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 500.00
	Name of Employer Occupation University of Washington Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <input type="text"/> 500.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1115.00
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 34
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Dr. S. Russell Vester

Mailing Address 6525 Given Road

City State Zip Code
Cincinnati OH 45243

FEC ID number of contributing federal political committee. **C**

Name of Employer CVTS, Inc. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 01 / 25 / 2010
Transaction ID: SA11AI.9661
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
Dr. Peter A. Walts

Mailing Address 8433 Harcourt Road

City State Zip Code
Indianapolis IN 46260

FEC ID number of contributing federal political committee. **C**

Name of Employer Corvasc Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 01 / 25 / 2010
Transaction ID: SA11AI.9663
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Dr. Douglas E. Wood

Mailing Address 1944 15th Avenue East

City State Zip Code
Seattle WA 98112

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Washington Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 01 / 26 / 2010
Transaction ID: SA11AI.9704
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ► 2000.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 31 / 34	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Mr. Robert A. Wynbrandt		Date of Receipt																					
	Mailing Address 921 Dryden Lane		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	6		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	1		2	6		2	0	1	0														
	City State Zip Code Highland Park IL 60035		Transaction ID: SA11AI.9705																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00																						
Name of Employer Society of Thoracic Surgeons		Occupation Executive Director																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00																						

SUBTOTAL of Receipts This Page (optional)	500.00
TOTAL This Period (last page this line number only)	54650.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 32 / 34

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: SB21B.9667 Date of Disbursement
	Mailing Address P.O. Box 53852	<input type="text" value="01"/> <input type="text" value="25"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Phoenix State AZ Zip Code 85072	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Fees	<input type="text" value="457.44"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: SB21B.9706 Date of Disbursement
	Mailing Address P.O. Box 53852	<input type="text" value="01"/> <input type="text" value="26"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Phoenix State AZ Zip Code 85072	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Fees	<input type="text" value="385.13"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: SB21B.9707 Date of Disbursement
	Mailing Address P.O. Box 53852	<input type="text" value="01"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Phoenix State AZ Zip Code 85072	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Fees	<input type="text" value="4.95"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="847.52"/>
TOTAL This Period (last page this line number only)	<input type="text" value="847.52"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE</p> <p>Mailing Address 430 SOUTH CAPITOL STREET, SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.9670</p> <p>Date of Disbursement 01 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>B. Full Name (Last, First, Middle Initial) MICHAEL BURGESS FOR CONGRESS</p> <p>Mailing Address P.O. BOX 2334</p> <p>City DENTON State TX Zip Code 76202</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name MICHAEL C. BURGESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: TX District: 26</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.9589</p> <p>Date of Disbursement 01 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) RICHARD BURR COMMITTEE</p> <p>Mailing Address P.O. BOX 5928</p> <p>City WINSTON-SALEM State NC Zip Code 27113</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name RICHARD BURR</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NC District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.9592</p> <p>Date of Disbursement 01 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

8500.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 34 / 34

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
VOLUNTEERS FOR SHIMKUS

Transaction ID: SB23.9669

Date of Disbursement

Mailing Address P.O. BOX 5458

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	7		2	0	1	0

City State Zip Code
SPRINGFIELD IL 62705

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
CONTRIBUTION

--

Category/
Type

Candidate Name
JOHN M. SHIMKUS

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: IL District: 19

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

TOTAL This Period (last page this line number only) ▶

9500.00
